

STATE OF NEVADA
DEPARTMENT OF EMPLOYMENT, TRAINING AND REHABILITATION

NEVADA EQUAL RIGHTS COMMISSION
Instructions for completing Employment Intake Inquiry Form

- ✍ **Please clearly print your answers**
- ✍ **Answer all questions as completely as possible**
- ✍ **If you require additional writing space, you may use a separate piece of paper**
- ✍ **Your *Intake Inquiry Form* must be signed, dated and returned. Internet forms can not be signed.**
- ✍ **Your complaint must be filed within 300 days of the last alleged discriminatory act to be accepted for review by the Nevada Equal Rights Commission (NERC) and with the federal Equal Employment Opportunity Commission (EEOC).**
- ✍ **A NERC Intake Officer will review your complaint when it is received and will contact you to schedule a telephone or in-person interview if necessary.**
- ✍ **You will be asked to provide copies of your W-2 forms, paycheck stubs, and/or other documentation regarding your employment with the employer you are filing against.**

Section “A”: Please complete all information in this section. This information, including your Social Security number is protected under the Federal Privacy Act and Nevada’s Disclosure Law.

Section “B”: Enter the name, local mailing address, and local telephone number of the company your complaint is against. You may be asked later for additional information, such as the company’s headquarters.

Section “C”: Provide the name, mailing address, and telephone number of a person who can help us contact you (mother, father, sister, brother, aunt, uncle, grandparents, close friend). By providing information for a person who does not live with you, our ability to contact you will be enhanced.

Section “D”: If you were employed by the company, provide your hire date, termination date, and date of the last alleged discriminatory act. Include your job title and you income information. If your complaint is a “failure to hire”, leave this area blank.

Section “E”: Tell us what kind of discrimination you are claiming. Check only the area(s) you feel are the reason(s) that you believe you were discriminated against - and describe the discrimination. For example, if you check “Age”, tell us your age.

Section “F”: Tell us what event occurred to you that you believe was discriminatory.

Section “G”: Provide the name(s) of the individual(s) you are claiming discriminated against you.

Section “H”: Provide the name of the company’s Human Resources or Personnel manager - if you do not know the person’s name leave this question blank.

Section “I”: Provide information regarding witnesses to the alleged act(s) of discrimination. Their identity & information will remain confidential pursuant to state and federal law.

Section “J”: Complete the sentences to provide a brief explanation of your discrimination complaint. Only give facts that you know to be accurate - not rumor or speculation.

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